

## NEWS RELEASE

### **New Nestlé Nutrition oral nutritional supplement and screening tool address malnutrition amongst older people**

- Malnutrition is a growing issue – it will affect one in six of the global population by 2015<sup>1</sup>
- *Resource*<sup>®</sup> *SeniorActiv* helps older adults to regain strength and remain independent
- Revised Mini Nutritional Assessment Short Form (MNA<sup>®</sup>-SF) takes less than 4 minutes to identify the nutritional status of older persons

**Vevey, Switzerland – 18 January 2010:** In line with Nestlé's evolution into the recognised leader in Nutrition, Health and Wellness, Nestlé Nutrition is taking a pro-active approach to the problems of malnutrition amongst older adults. Nestlé Nutrition is launching *Resource*<sup>®</sup> *SeniorActiv* to target the unique nutritional needs of the elderly. *Resource*<sup>®</sup> *SeniorActiv* is the first nutritionally complete oral supplement of its kind. It will be introduced in 2010 in Switzerland and progressively rolled out in key European countries.

At the same time, the company is globally introducing the revised Mini Nutritional Assessment Short Form (MNA<sup>®</sup>SF) for older people. This tool will help medical practitioners to better identify those who would most benefit from oral nutritional supplements.

Commenting on the twin track initiatives, Richard Laube, CEO Nestlé Nutrition, said, "*These are concrete actions to tackle a substantial healthcare and social issue. The older population is growing faster than any other segment. Older people are generally vulnerable to malnutrition and can slip into a spiral of muscle and weight loss resulting in fatigue and loss of independence. Targeted nutrition can make a big difference and screening for malnutrition is vital to getting a grip on the issue as a whole.*"

#### ***Resource*<sup>®</sup> *SeniorActiv* specifically for the older population**

Fifty percent of older adults eat less protein than is recommended<sup>2</sup>, more than 55% do not meet calcium requirements, 90% are Vitamin D deficient<sup>3</sup>, and 30% have inadequate zinc, selenium and Vitamin B<sub>12</sub> intake<sup>4,5,6</sup>. *Resource*<sup>®</sup> *SeniorActiv* addresses these and other specific nutrient needs of the elderly population. It is a new nutritionally complete oral supplement, with an ingredient blend which not only addresses common deficiencies in the diet of older people but also disabling physical consequences.

The product is high in calories to help stop weight loss and promote weight gain. *Resource*<sup>®</sup> *SeniorActiv* delivers Acti-3; a unique combination of protein, Vitamin D and calcium to support muscle and bone strength and recovery. Vitamin D and calcium are provided in high doses clinically proven to reduce the risk of falls (-19%) and fractures (-20%)<sup>7</sup>, which are a leading cause of hospitalisation for older people.

Other important ingredients include *Prebio1*, a proprietary prebiotic fiber to help promote digestive health. It also provides omega-3 fatty acids and high amounts of B vitamins (folate, B<sub>12</sub>) to support cognitive health and antioxidants (e.g. zinc and selenium) to address the oxidative stress and chronic inflammation that are part of normal ageing.

*Resource*<sup>®</sup> *SeniorActiv* is classified as a Food for Special Medical Purposes (FSMP) and will be progressively rolled out in Switzerland and key European countries.

### **Identification of malnutrition and possible interventions**

Despite the fact that up to 40% of hospitalised patients and 50% of hip fracture patients are malnourished<sup>8,9</sup>, the issue of malnutrition in the elderly is not widely appreciated. Key signs and symptoms of poor nutritional status include the loss of muscle mass, weight loss and fatigue. In turn, the malnourished are more vulnerable to falls and fractures, recover more slowly from surgery and have an increased risk of influenza and pneumonia.

A medical event such as a fracture, infection or illness, – in combination with poor nutritional status – accelerates the downward spiral towards dependence. Poor nutritional status is associated with a three times higher risk of infection<sup>10</sup> and three fold increase in length of hospitalisation<sup>11</sup>. The consequences of poor nutritional status are not only detrimental to the individual patients but also to society since they increase the cost of care and social burden.

The need to screen the older population is clear. The Mini Nutritional Assessment Short Form (MNA<sup>®</sup>-SF) is the most widely validated geriatric nutrition screening tool<sup>12</sup>: The new and revised MNA<sup>®</sup>-SF is user-friendly and can be completed in less than 4 minutes by healthcare professionals. It categorises the older adult as malnourished, at risk of malnutrition or well nourished and in this way helps to identify those who would benefit from nutrition intervention such as oral nutritional supplementation.

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### **About Nestlé**

Nestlé, whose global headquarters are in Vevey (Switzerland), was founded in 1866 by Henri Nestlé and is today the world's leading Nutrition, Health and Wellness Company. Nestlé employs 283,000 people and operates in nearly every country in the world. More information about Nestlé on: [www.nestle.com](http://www.nestle.com)

### **About Nestlé Nutrition**

Nestlé Nutrition helps to enhance the quality of life by supporting health and providing care for people with special nutrition needs at every stage of life. Nestlé Nutrition is built around four core businesses: Infant Nutrition, HealthCare Nutrition, Performance Nutrition and Weight Management. More information about Nestlé Nutrition on: [www.nestlenutrition.com](http://www.nestlenutrition.com)

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<sup>1</sup> de Onis, M et al (2004) Estimates of Global Prevalence of Childhood Underweight in 1990 and 2015. The JAMA; 291: 2600-2606.

<sup>2</sup> Kant & Schatzkin, *J. of Am. Coll. Nutr.*, 1999

<sup>3</sup> Cherniack et al, *JNHA*, 2008

<sup>4</sup> Bates et al, *JNHA*, 2002

<sup>5</sup> Abellan Van Kan G et al. *JNHA*, 2008

<sup>6</sup> Laurentani et al, *Am. J. Clin. Nutr.*, 2007

<sup>7</sup> Bischoff-Ferrari et al *BMJ*, 2009

<sup>8</sup> Kondrup et al, *Nestlé Nutr. Inst. Workshop. Ser. Clin. Perform. Prog.*, 2009

<sup>9</sup> Akner et al, *Am. J. Clin. Nutr.*, 2001

<sup>10</sup> Correia and Waitzberg, 2003

<sup>11</sup> Prichard et al, 2004

<sup>12</sup> Kaiser MJ et al. *JNHA*, 2009.